Late Contribution Report

Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Ann Ravel for Senate 2020			Date of This Filing09/21/2020	Date Stamp	CALIFORNIA 497	
AREA CODE/PHONE NUMBER (916)285-5733	I.D. NUMBER (if applicable) 1415828		Report No905630-JM		For Official Use Only	
STREET ADDRESS			Amendment to Report No.	Page 1 of 2		
CITY Sacramento	STATE CA	ZIP CODE 95815	(explain below) No. of Pages 2			

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/19/2020	California Apartment Association PAC Sacramento, CA 95814	☐ IND ■ COM □ OTH □ PTY □ SCC		\$4,700.00
09/19/2020	California Hospital Association PAC, Sponsored by CA Association of Hospitals and Health Systems (CAHHS) Sacramento, CA 95814 ID# 790773	☐ IND ■ COM ☐ OTH ☐ PTY ☐ SCC		\$4,700.00
09/19/2020	The California Women's List San Francisco, CA 94118	□ IND ■ COM □ OTH □ PTY □ SCC		\$2,500.00

*Contributor Codes	
IND - Individual PTY - Political F	Party
COM - Recipient Committee (other than PTY or SCC) SCC - Small Co OTH - Other	ontributor Committee

Reason for Amendment:

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

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CITY Sacramento		STATE CA	ZIP CODE 95815	(explain below) No. of Pages 2				
Late Contri	bution(s) Mad	e			•			
DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION		AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)		

Reason for Amendment:

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC